## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000020944

Entity Name: GT PROPERTIES, LLC

FILED Mar 10, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

800 JAMES ST

JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

800 JAMES ST

JACKSONVILLE, FL 32205

FEI Number: 06-1699371 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SWAFFORD, MICHAEL T GRAY, GERALD L

800 JAMES ST 800 JAMES ST 1ACKSONVILLE EL 32205 LIS 1ACKSONVILLE EL 32205

JACKSONVILLE, FL 32205 US JACKSONVILLE, FL 32205 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: GERALD L GRAY 03/10/2005

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: VP ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: SWAFFORD, MICHAEL T Name: SWAFFORD, MICHAEL T

Address: 800 JAMES ST Address: 800 JAMES ST

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: P ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 GRAY, GERALD L
 Name:
 GRAY, GERALD L

 Address:
 800 JAMES ST
 Address:
 800 JAMES ST

City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRAY, THOMAS R
 Name:

 Address:
 1269 MIRAMAR AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JOHNSTON, SARAH M
 Name:

 Address:
 1269 MIRAMAR AVE
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GARY, CAROL A
 Name:

 Address:
 11327 LAKE MANDARIN CIRCLE E
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32223
 City-St-Zip:

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 GRAY, JAMES R
 Name:

 Address:
 200 SNAKE RD
 Address:

 City-St-Zip:
 GREEN COVE SPRINGS, FL 32043
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GERALD L GRAY MGRM 03/10/2005